

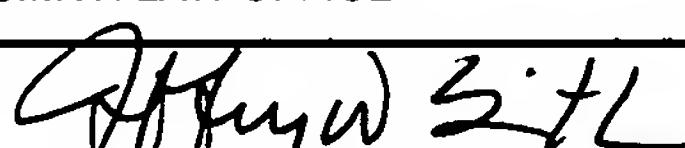
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		Application Number	10/574,865
		Filing Date	October 1, 2004
		First Named Inventor	Herbert Wehler
		Art Unit	3725
		Examiner Name	D. Jones
Total Number of Pages in This Submission	1	Attorney Docket Number	10016.509

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Marked Up Specification (15pp); Substitute Specification (14pp)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

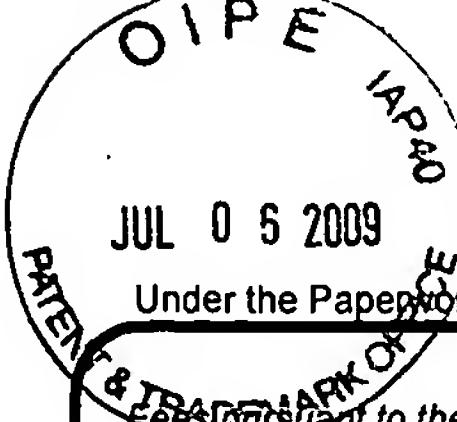
Firm Name	SMITH LAW OFFICE		
Signature			
Printed name	Jeffry W. Smith		
Date	July 6, 2009	Reg. No.	33455

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2009

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

1550.00

Complete if Known

Application Number	10/574,865
Filing Date	October 1, 2004
First Named Inventor	Herbert Wehler
Examiner Name	D. Jones
Art Unit	3725
Attorney Docket No.	10016.509

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Order None Other (please identify): _____

 Deposit Account Deposit Account Number: 50-2911 Deposit Account Name: SMITH LAW OFFICE

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fees Paid (\$)
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee DescriptionEach claim over 20 (including Reissues) 52 26Each independent claim over 3 (including Reissues) 220 110Multiple dependent claims 390 195

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
				<u>Fee (\$)</u>	<u>Fee (\$)</u>

- 20 or HP = x =

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
				<u>Fee (\$)</u>	<u>Fee (\$)</u>

5 - 3 or HP = x =

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =		/ 50 = (round up to a whole number) x		=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Three Month Extension of Time 1110.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 33455	Telephone 608-824-8300
Name (Print/Type)	Jeffry W. Smith	Date	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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EXPRESS MAIL LETTER

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Wehler et al.

Int'l Filing Date: October 1, 2004

Application No.: 10/574,865

For: AN ENERGY GUIDE CHAIN LINK WITH TORSION COUPLED LOCK
COMPONENT

Docket No.: 10016.509

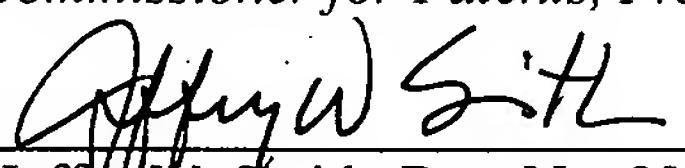
Express Mail No.: EM414331771US

Date of Deposit: July 6, 2009

I hereby certify that these attached documents

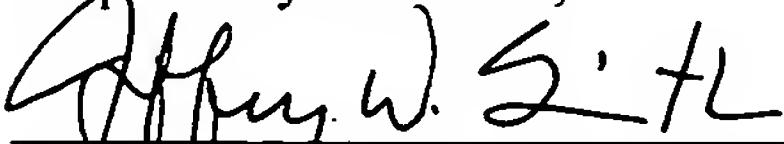
- Response postcard
- Check in the amount of \$1550.00
- PTO/SB 21 (1p)
- PTO/SB 06 (1p)
- PTO/SB 17 (1p) and 1 copy
- PTO/SB 22 (1p) and 1 copy
- Amendment (16pp)
- Replacement/New Drawings (3 sheets)
- Marked-Up Specification (15pp)
- Substitute Specification (14pp)

are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 35 C.F.R. §1.10 on the date indicated above and is addressed to the *Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia, 22313-1450*


(Jeffry W. Smith, Reg. No. 33455)

Enclosed for filing please find the above-referenced documents. Please indicate receipt of these documents by returning the attached postcard with the official Patent and Trademark Office receipt stamped thereon.

Respectfully submitted,


Jeffry W. Smith, Reg. No. 33455
Attorney for Applicant
SMITH LAW OFFICE
8000 Excelsior Drive, Suite 301
Madison, WI 53717
(608) 824-8300

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JUL 05 2009

Effective on 12/08/2004.

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Each independent claim over 3 (including Reissues)	220 110
Multiple dependent claims	390 195
<u>Total Claims</u>	<u>Extra Claims</u>
- 20 or HP =	x =
HP = highest number of total claims paid for, if greater than 20.	
<u>Indep. Claims</u>	<u>Extra Claims</u>
5 - 3 or HP =	x = 440.00
HP = highest number of independent claims paid for, if greater than 3.	
<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>
<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>

3. APPLICATION SIZE FEE

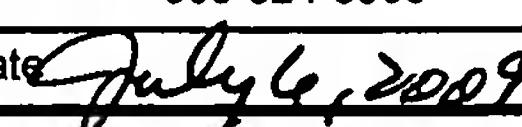
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Other (e.g., late filing surcharge): Three Month Extension of Time	1110.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 33455	Telephone 608-824-8300
Name (Print/Type)	Jeffry W. Smith		Date 

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